

CLAIMS ONLY	Application Number 10-668508	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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50						
Total Indep.	1					
Total Depend.	2					
Total Claims	3					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep.						
Total Depend.						
Total Claims						